

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011017

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 93

Primary Registration District No. \_\_\_\_\_

Registrar's No. 63-22

FILED APR 2 1963

## 1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Greenfield Mo.

Length of stay in 1b

yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home Ga rrett, St

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Dade

c. CITY  
OR TOWN

Greenfield Mo.

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

Garrett, St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Frank

Middle

Marion

Last

Porterfield

4. DATE  
OF DEATH

Month

March

Day

Year

22 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Mar. 13 1878

## 9. AGE (last birthday)

85

## IF UNDER 1 YEAR

Months Days Hours Min.

0 9

## IF UNDER 24 HR

Months Days Hours Min.

0 9

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Ill.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John A Porterfield

## 13b. MOTHER'S MAIDEN NAME

Jane Waddle

## 14. NAME OF HUSBAND OR WIFE

Eva Porterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Eva Porterfield

## Address

Greenfield Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

3 wks

Conditions, if any,  
which gave rise to  
above cause - (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

3/4/63

to 3/22/63

and last saw him alive on 3/22/63

## Death occurred at

9:00p

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Lee A McEachern MD

## 22b. ADDRESS

Greenfield Mo

## 22c. DATE SIGNED

3/26/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Mar. 26 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Greenfield

## 23d. LOCATION (City, town, or county)

Greenfield Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Allison Funeral Home Greenfield Mo.

## 25. DATE RECD. BY LOCAL REG.

3/29/63

## 26. REGISTRAR'S SIGNATURE

J. C. Canade

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

VS 300  
Rev. 4/59

1 0290

2 0290

3

4 0

5 1

6

7 1

8 2

9 491X

10

11

12 90-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Cliff Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.